

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 92

Registered No. 8

## 1. PLACE OF BIRTH

County Lila

State Arizona

Township Miami

or Village

City

No.

St.

Ward

## 2. Full name of child

Joe Rodriguez

If child is not yet named, make supplemental report, as directed

## 3. Sex

Male

If plural births

## 4. Twin, triplet, or other

## 6. Premature

## 7. Legitimate

## 8. Date of birth

Jan 8 1932  
(Month, day, year)

## 5. Number, in order of birth

## Full term

X

## 9. Full name

FATHER Juan H. Rodriguez

## 18. Full maiden name

MOTHER Dolores Medina

## 10. Residence (usual place of abode)

Miami

## 19. Residence (usual place of abode)

Miami

## 11. Color or race

Hispanic

## 12. Age at last birthday

34 (Years)

## 20. Color or race

Mex

## 21. Age at last birthday

28 (Years)

## 13. Birthplace (city or place)

Spain

(State or country)

## 22. Birthplace (city or place)

Cavanago

(State or country)

## 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Pool Hall Operator

## 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

H. W.

## 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

## 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

## 16. Date (month and year) last engaged in this work

## 17. Total time (years) spent in this work

10

## 25. Date (month and year) last engaged in this work

## 26. Total time (years) spent in this work

## 27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 5

(b) Born alive but now dead 1

(c) Stillborn 0

## 28. If stillborn,

period of gestation

{ months  
or weeks

## 29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 24 H on the date above stated

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

Charles E. Davis

M. D.

or

Given name added from a supplemental report

(Date of)

Address

Miami Arizona

Midwife

Filed

Jan 9 1932

C. E. Davis

Registrar

Registrar

199-108-441